

Client ID # _____

Date of Administration: _____

DURATION OF UNTREATED PSYCHOSIS (DUP) AND PATHWAY TO CARE

CLINICIAN-COMPLETED AND RECORD REVIEW

1. **Provide a best estimate of when frank (not prodromal) psychotic symptoms (e.g., delusions, hallucinations, or disorganized speech/behavior) began.**

___ ___ (Month) ___ ___ ___ ___ (Year)

2. **[OPTIONAL] How was this information obtained?**

Check all that apply.

- Client self-report
 Family report
 Administrative record
 Other (Specify: _____)

3. **Date of entry into the current program:**

___ ___ (Month) ___ ___ ___ ___ (Year)

4. **Between onset of psychotic symptoms and entry into this program, did the client receive any mental health treatment?**

- Yes
 No → *Skip to Q6*
 Unknown → *Skip to Q6*

5. **When did mental health treatment between onset of psychotic symptoms and entry into this program treatment begin?**

___ ___ (Month) ___ ___ ___ ___ (Year)

6. **Between onset of psychotic symptoms and entry into this program, was the client hospitalized at all for a psychiatric issue?**

- Yes
 No → *Skip to Q8*
 Unknown → *Skip to Q8*

7. If yes: how many times?

- _____
- Does not apply
 - Unknown

8. When did the client first take antipsychotic medication?

____ ____ (Month) ____ ____ ____ ____ (Year)

- Does not apply
- Unknown